FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

CAMPAIGN DISCLOSURE B

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

File with:

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed 2014 JAN 17 PM 3: 29 electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

	Reset F	orm			
COMMITTEE NAME (Must be same as on Statement of Organi	ization)				
Sohnson County Green Party Cont	God Committee	1 [FORM		_
IMPORTANT: Indicate by # type of committee you are reporting for:	YOU COMMINITED	.	DR-2	DISCLOSURE	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2)	State BAC / 2 State Beats		Rev. 12/20()9)	REPORT	
(4)County Central Committee (5)County Candidate (6)Chy Candidate Subdivision Candidate (8)County PAC (9)City PAC (10)School Bella Language (10)County PAC (1	ite (7) School Board or Other Politic	C / E	or Office Use On	ly	
TT / Local Pallot Issue	and or design a discourse of the state of th			58	
CANDIDATE COMMITTEES ONLY: Candidate Name		L			
1 / 1-	Political Party (if applicable)	S	canned		
Office Sought					
NA NA	District (if Senate or House)	^	udited		
ate reports are subject to possible civil and criminal penalties. Pursu	Int to Journ Code gestions 505 20	A (72) and 00	14.40145		_
candidate's committee, and the chairperson, for any other type of com	nmittee, is the individual responsib	ole for filing	(A.401(3), the car timely and accura	ididale, for a le reports.	
.// - //			/ /		
della lax otax	(319) 331-9616		1/12/2	2014	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	_	DATESI	GNED	
1	THE RESIDENCE OF THE PARTY OF T	Total College			
AMFILING A Junuary 19, 2014	REPORT FOR (1) ELECTION	N /(2)NON-	ELECTION YEA	R.	
(report date)	Indicate by				
CHECK IF AMENDMENT TO REPORT DATED		Local Com	millees, enter Dat	a of Florian	-
7.00		Local Coll	milleds, enter Dat	s of election	
Check If this is final (termination) report and attach Notice of D (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & L	ocal Committees,	enter County in	
(To a mast so that do to the reports of the a Divisia med.)		which Elec	tion is held		
STATEMENT OF CASH ON HAND					
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cast	of all funds held by the				
committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first:	report filed.)	\$	243.0	7 3	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)		200	CT	
Schedule F: Loans Received total (Attach Schedule F)	TY (GIOG GOO III KING DEIGW)	,			
Schedule H: Total Sales of Campaign Property (Attach	Schedule H)				
(Schedule Happlies to Candidates' Committee	lees Only)				
	SUB-TOTAL				
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	OOD-TOTAL	Φ	-	-	-
Schedule B: Expenditures total (Attach Schedule B) (**a	No can dable and large hale.		200	M	
Schedulo F: Loan Repayments total (Attach Schedule F	also see depts and loans below)		20,	00	_
				2 2	_
ASH ON HAND at the end of this reporting period (If final report	ALCOHOLD STATE OF THE PARTY OF		298	03	-
UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	_ 0		
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	E)	\$	0		-
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	0		-
ONSULTANT BREAKDOWN (Schedule G Attached?)			YES _ N	0	_
ANDIDATE COMMITTEES ONLY:					
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach S	Schedule H)	s	1		
TATE COMMITTEES: Submit a reconciled campaign account be					
	Steriorner in Carinary Of Calc	i year,			

For Instructions, See Back of Form SCHEDIJLE Reset Form CONTRIBUTIONS -- MONEY TAKEN IN A MONETARY (Rev. 07/03) RECEIPTS (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IDWA ETHICS AND CAMPAIGN

NOTE; ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	V IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
01/24/13	ID# CK# 	Holly Hart 228 S. Summit Iona Coty 372 50 240	NA	\$ 25.00	
12/04/12	CK# CUSh	nisci	MA	50,00	
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#		-		
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	\$	
		TOTAL (if last page	of this schedule)	7-14	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column,

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be seen

Reset Form	106
aterial and vicinity supplied in 1995 (4) and	ME

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

Joh	nson Count	same as on statement of Organization) by Orean Party Central C	Con mittee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/28/13	ID# CK# /64/	John Ethics + Compaign Disclosure Bown 500 6/2+4St, Ste 14, Partiones +4505/2	lak filing penalts	\$ 20,00
	CK#			
	ID# CK#			
	ID#			100 440 44 40 40
	ID#			
	ID#			
	CK#			
	CK#			
	ID# CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 20.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitics providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

27)
Page	-	 	of	_	/